CONFIDENTIAL PRENUPTIAL AGREEMENT QUESTIONNAIRE

It would be helpful to us in preparing your prenuptial agreement if you would complete the questions which follow and return this questionnaire to us.

1. On what date do you propose to be married?

_____, 20_____

2. How many living children does your prospective spouse presently have?

Name Age Financially Independent? Any Disability?

- 3. How many children do you presently have?
 - Name Age Financially Independent? Any Disability?
- 4. We strongly recommend that your prospective spouse have separate counsel in order to strengthen the effectiveness of the prenuptial agreement. If your prospective spouse will retain counsel, please furnish such counsel's name, address and telephone number.

Name:

5. Will you and your prospective spouse exchange medical information?

	□ yes	□ no			
6.	Will you and your spouse exchange or permit disclosure of other information including but not limited to credit reports and information held by law enforcement agencies.				
	□ yes	□ no			
7.	Where will the marital home be located?				
	Address:				
	City,	State,	ZIP:		
	Is this currently the home of one prospective spouse?				
	□ yes	□ no			
	Name of Owner:				
	Does the other prospective spouse also own a home?				
	□ yes	□ no			
	If so, Address:				
	City,	State,	ZIP:		
8.	Check below the form of ownership of the marital home.				
	□ owned by husband				
	\Box owned by wife				
	□ owned join	tly as tenants in common			

 \Box owned jointly with right of survivorship

- 9. Who will pay for the cost of the housing?
 - \Box paid for equally by the parties
 - paid for by the parties in proportion to their net taxable income
 - \Box paid for by the husband
 - \Box paid for by the wife
 - □ other: _____

10. If new purchases of household furnishings will be made, will they be:

- \Box paid for equally by the parties?
- paid for by the parties in proportion to their net taxable income?
- \Box paid for by the husband?
- \Box paid for by the wife?
- □ paid for by the party who made the purchase?
- 11. With respect to routine living expenses, will they be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?

12. With respect to automobile repair maintenance and replacement, will these expenses be:

- \Box paid for equally by the parties?
- paid for by the parties in proportion to their net taxable income?

	paid for by the husband?
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- \Box paid for by the wife?
- paid for by the party for whose benefit the cost was incurred?

13. Do you and your prospective spouse currently have health insurance?

- a. Please list coverage for you: _____
- b. Please list coverage for your prospective spouse:
- 14. With respect to health insurance, will such premiums be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?
 - □ paid individually by each party?
- 15. Un-reimbursed medical expenses. These expenses are those rising out of deductibles or co-insurance. Such expenses will be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?
 - paid for by the party for whose benefit the cost was incurred?

- 16. Catastrophic illness expense. A catastrophic illness expense is one that is not covered by health insurance or the limits of the insurance coverage have been exceeded. Such expenses will be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?
 - paid for by the party for whose benefit the cost was incurred?
 - 17.Long term care expense. Care in a nursing home or assisted living facility is not covered by Medicare or most health insurance policies.
 - a. Do you currently have Long Term Care insurance? _____ If so, list coverage information.
 - b. Does your prospective spouse currently have Long Term Care insurance? _____ If so, list coverage information._____
 - c. If either does not have coverage, are there health issues that might prevent the purchase of Long Term Care Insurance?
- 18. Extraordinary expenses. These expenses are non-routine, unusual expenses that are not medical expenses and not routine expenses. Such expenses will be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?

- \Box paid for by the husband?
- \Box paid for by the wife?
- paid for by the party for whose benefit the cost was incurred?
- 19. Tax returns. If from time to time you and your prospective spouse should find it beneficial to file a joint tax return, then the cost of the taxes and preparation will be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?
- 20. With respect to vacation and travel, such expenses will be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?
- 21. With respect to club memberships, the recurring cost of membership will be:
 - \Box paid for equally by the parties?
 - paid for by the parties in proportion to their net taxable income?
 - \Box paid for by the husband?
 - \Box paid for by the wife?
 - \Box paid for by the primary member?

22. If upon discussion with your prospective spouse you have agreed to do any of the following, please check the appropriate box and specify the details beneath:

a. Will you give prospective spouse the right to live in the marital residence for life, after your death?

□ yes	□ no
b. Have you agree your will?	ed to leave your prospective spouse any specific property in
□ yes	🗆 no
If so,describe:	
c. Have you agree	ed to leave your prospective spouse any cash money?
□ yes	□ no
If so, how much?	\$
d. Have you agree insurance proceed	ed to name your prospective spouse as beneficiary of any life s?
□ yes	🗆 no
If so, please state proceeds?	policy number, name of company and face amount of
Have you agreed t	to name your spouse as beneficiary of any employment

23. Have you a benefits?

	\Box yes \Box no		
	If so, name of employee benefit plan?		
24.	Have you agreed to own any assets jointly with your prospective spouse with right of survivorship?		
	\Box yes \Box no		
	If so, describe such property.		